

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007843</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/03/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROVIDENCE PALOS HEIGHTS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13259 SOUTH CENTRAL AVENUE PALOS HEIGHTS, IL 60463</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p><b>Final Observations</b></p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

09/23/15

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S9999	<p>Continued From page 1</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident</p> <p>These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to follow the plan of care and utilize two person assist while using the mechanical lift for one of three residents (R1) reviewed for mechanical lift transfers. This failure resulted in R1 falling from the mechanical lift and sustaining a cervical fracture.</p> <p>Findings include:</p> <p>R1s face sheet denotes, R1 is an 86 year old who was admitted to the facility with diagnoses, in part of paralysis, unspecified fracture of the lumbar spine, and Parkinson's disease.</p> <p>The facility's initial incident report dated 8/26/2015 denotes, E3 (certified nursing assistant) was attempting to transfer R1 from a reclining chair to a bed utilizing a mechanical lift. During the transfer, R1 fell to the floor and sustained an abrasion to the left scalp area. The facility's final incident report dated 8/27/2015 was also reviewed. After reviewing the facility's initial and final incident report, it was determined that E3 did not have assistance from another staff member while transferring R1 with a mechanical</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>lift. R1 was transferred to a local hospital where it was determined that R1 sustained a cervical fracture.</p> <p>Hospital emergency room records dated 8/26/2015 denotes, R1 sustained an acute nondisplaced fracture of the cervical 2 vertebrae (neck).</p> <p>Radiology report dated 8/26/2015 denotes, "There is an acute fracture of the C2 vertebrae (hangman's fracture)." R1 was placed in a cervical collar and transported to a different hospital for trauma evaluation and further care.</p> <p>On 8/28/2015 at 2:10 PM, R1 was observed in bed and was wearing a cervical neck collar. R1 was deemed non-interviewable.</p> <p>On 8/28/2015 at 12:45 PM, E3 CNA (certified nursing assistant) stated that E4 LPN (License practical nurse) asked her to get a weight for R1. E3 stated that she placed the mechanical lift pad under R1, hooked the pad to the mechanical lift, and proceeded to lift R1 with the mechanical lift. E3 stated that after R1's weight was recorded, she attempted to lower R1 in bed. E3 stated that one of the hooks on the mechanical lift pad became detached from the mechanical lift which caused R1 to fall to the floor. E3 stated that she noted a small bruise to R1's head. When E3 was asked if it was the facility's policy for one person to operate a mechanical lift, E3 stated no. E3 stated that the mechanical lift should be operated in the presence of two staff members.</p> <p>On 8/28/2015 at 1:05 PM, E4 stated that on 8/26/2015, E3 was asked to obtain R1's weight. E4 stated that E3 did not ask for staff assistance before operating the mechanical lift. E4 stated</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>that after the incident with R1, E3 was re-educated on the use of the mechanical lift and received a written write up for not following the facility's mechanical lift policy.</p> <p>Corrective Action Notice dated 8/26/2015 denotes, E3 transferred a resident that is a mechanical lift with two person assistance. E3 has previously been educated on use of equipment and has received transfer training. E3 failed to follow safety procedure, including but not limited to the failure to use the mechanical lift.</p> <p>On 9/2/2015 at 12:40 PM, Z3 (witness) stated that E3 came in the room to get R1's weight. Z3 stated that E3 was alone and was attempting to transfer R1 from a chair to a bed with a mechanical lift. Z3 stated while R1 was suspended in the air, a hook became detached from the mechanical lift. Z3 stated that R1 fell to the floor and hit her head on the mechanical lift. Z3 stated that there was a bruise noticed on the left side of R1's head as well after the fall.</p> <p>On 9/2/2015 at 11:02 AM, Z2 (medical doctor) stated that R1 has degenerative cervical changes such as cervical spondylosis. Z2 also stated that R1 did experience some minor neck trauma status post the fall on 8/26/2015. Z2 stated, R1's cervical collar was prescribed after the fall.</p> <p>R1's quarterly resident assessment dated 6/15/2015 denotes, R1 requires a two person extensive assist for transfers including to or from bed, chair, wheelchair and a standing position.</p> <p>R1's care plan dated 6/15/2015 denotes that R1 requires a two person extensive assist for activities of daily living and transfers.</p>	S9999			

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S9999	Continued From page 4  The facility's mechanical lift policy dated 10/2008 was reviewed.  The policy denotes the mechanical lift transfer is to be operated with two caregiver supervision.  (B)	S9999			